



RESEARCH PAPER

Family Functioning and Emotional Behaviour Problems: Mediating Role of Cognitive Emotional Regulation Strategies Among Slum Dwelling Adolescents

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ABSTRACT

The study examined the mediating role of adaptive and maladaptive cognitive emotional regulation strategies between family functioning and emotional behaviour problems among slum dwelling adolescents. This group faces significant challenges that impact their mental health and well-being. Teaching effective coping mechanisms are crucial for promoting mental health. A quantitative approach was employed, using purposive sampling to target 400 adolescents (214 boys, 186 girls) aged 10-20 years ($M = 15.36$; $SD = 3.06$). The sample was taken from Islamabad, Mandra Gujar Khan and Sohawa. The data was analysed using Process Marco by Hyes. The result of mediation analyses confirmed that the adaptive and maladaptive strategies partially mediated the link between family functioning and externalizing and internalizing behaviour problems. Based on the results, prevention and intervention programs can be introduced to strengthen family functioning and save the slum dweller from developing emotional behaviour problems.

Keywords: Family Functioning, Cognitive Emotional Regulation, Emotional Behaviour Problems, Slum Dwelling Adolescents

Introduction

Slums are primarily described by substandard housing, poor physical infrastructure, socioeconomic distress, poor health and hygiene conditions, and a lack of security and protection (Ray, 2017). The word "slum" is used for urban informal communities with below average housing and depressing environmental condition. Physical Health can be influenced by moderating factors like living and working conditions, social and political isolation, social power, availability of quality healthcare, violence and crime, transportation and the physical environment (WHO, 2008). These factors impact on adolescents' mental health, the rise in health complaints, level of physical activity, tobacco use, diet and alcohol use (Omigbodun et al., 2008; Saluja et al., 2004).

Family functioning Families play the key role in the physical and mental development of its members. Family function is constrained by the traits of the family and is dependent upon social demands. Since the 1970s, researchers have developed the idea of family functioning, which shows the traits of the family as a system. Instead of examining one or more family factors research paradigms, researchers have gradually shifted their focus to the study of family functioning. Two key hypotheses are currently held by both domestic and international researchers studying family functioning: The first is goal-oriented and defines family functioning in terms of particular family characteristics. The other is process-oriented and describes family function in terms of the activities that families must carry out (Dai & Wang, 2015).

Cognitive Emotional regulation strategies: Cognitive emotion regulation techniques are described as the conscious mental processes people acquire to regulate the intake of emotionally stimulating information (Garnefski & Kraaij 2006). Emotional regulation is the mechanisms that affect how people perceive and express their emotions (Gross, 2002). People have the ability to change the direction of natural flow of their emotions by enhancing, sustaining, or lowering them. The cognitive emotional regulation questionnaire evaluates nine distinct cognitive emotion regulation methods, five of which are adaptive (acceptance, positive refocusing, refocus on planning, positive reappraisal, and perspective-taking) and four of which are maladaptive (self-blame, rumination, catastrophizing, and other-blame). Studies on the cognitive model of depression have been based on the finding that maladaptive methods are frequently linked to the symptoms of sadness and anxiety (Beck et al., 2015).

Emotional behaviour problems: The traits and actions linked to emotional disturbance and behavioural issues are known as emotional behaviour difficulties (Webster-Stratton & Taylor, 2001). These could include: attention-seeking behaviours like negative interactions or a poor attitude toward work, peers, or teachers (Hinshaw, 2018); depressed behaviours like withdrawal, anxiety, and mood swings (Lewinsohn et al., 2003); aggressive or anti-social behaviours such as impulsiveness, distractibility and inattentiveness (Hill & Frith, 2003) and obsessive and repetitive behaviours (American Psychiatric Association, 2013). Some students may experience low self-esteem and negative self-concepts due to emotional behavioural issues (Harter, 1999).

Literature Review

Children and teenagers make up over one-third (2 billion people) of the global population, and nearly 90% of them reside in low- and middle-income nations, where they form up to 50% of the population (UNICEF, 2019). For young people, neuropsychiatric disorders are leading cause of health-related issues, accounting for 15–30% of the disability-adjusted life-years lost during the first three decades of life (Lopez et al., 2006). Despite the widespread recognition of the importance of mental health and prevention in children and adolescents, there is an enormous gap between needs and resource availability (Lopez, 2006).

The mental health and well-being of adolescents living in slums have drawn significant attention in recent years. Researches have constantly shown that the adolescents living in challenging environments are at a high risk of developing emotional behavioural problems (Bartlett et al., 2017; Cooper et al., 2017).

Poor family functioning that is characterized by neglect, conflict and lack of emotional support, has been linked to increased emotional behaviour problems among adolescents. (Amato, 2017; Harold et al., 2017). This link is evident in slum-dwelling adolescents, who often face additional stressors such as poverty, violence, and lack of access to resources (Bradshaw et al., 2017; Patel et al., 2017). The adverse effect of poor family functioning on adolescent's well-being is mitigated by cognitive emotional regulation strategies (Garnefski et al., 2017; Compas et al., 2017). Adaptive emotional regulation strategies can enable adolescents to reduce the risk of emotional behaviour problems and manage their emotional and behaviours more effectively (Aldao et al., 2016; Schäfer et al., 2017). Whereas, maladaptive emotion regulation strategies result in incapacity to handle distress and problematic behaviours. It is believed that early familial experiences influence the adolescents' abilities to regulate negative emotions like sadness, anger etc. (Shaver & Mikulincer, 2007). These behaviours and emotions are dynamic throughout adolescence; emotion regulation continues to grow and becomes increasingly adaptive (Gullone et al., 2010). According to current theories, emotional invalidation i.e., a situation in which emotional expression is intentionally discouraged, disregarded or mistreatment as a child could have occurred in the family and resulted in poor emotional

regulation (Hatkevich et al., 2009). Maladaptive emotion regulation thus results in incapacity to handle distress, which raises the use of strategies for reducing distress. It is believed that early familial experiences influence the adolescents' abilities to regulate negative emotions like sadness, anger etc. (Shaver & Mikulincer, 2007). These behaviours and emotions are dynamic throughout adolescence; emotion regulation continues to grow and becomes increasingly adaptive (Gullone et al., 2010).

Educating the effective coping mechanisms and cognitive emotional regulation strategies to adolescents can be a valuable intervention strategy for promoting mental health and well-being in this population (Dray et al., 2017; Fazel et al., 2014).

The findings of this study will underscore the critical need for targeted interventions to support the mental health and well-being of slum-dwelling adolescents. Strengthening family relationships and dynamics within these communities is essential, as is teaching adolescents effective coping mechanisms and cognitive emotional regulation strategies. By addressing these factors, interventions can help to moderate the adverse effects of poor family functioning on adolescent emotional well-being and promote overall mental health and well-being.

Material and Methods

In the main study, impact of family functioning on emotional and behavioural problems among slum dwelling adolescents was explored. The mediating role of cognitive emotion regulation strategies was also examined using *Process Marco Model 59*.

Hypotheses

The following are the detailed hypotheses of the study:

H1: Adaptive and maladaptive strategies mediate the link between family functioning and internalizing behaviour problems among slum dwelling adolescents.

H2: Adaptive and maladaptive strategies mediate the link between family functioning and externalizing behaviour problems among slum dwelling adolescents.

Operational Definition of variables

Family Functioning

Family function can be explained as performance and wellbeing of family members in terms of affective expressiveness, communication, problem solving, transactional roles, cohesion and family task sharing (Turliuc et al., 2016). This variable was measured by using Urdu version of General Functioning Scale (Kareem et al., 2022). The overall score of the scale can be obtained by summing up all the items. Low scores on the scale indicate poor family functioning whereas high scores indicate good family functioning (Tavitian et al., 1987).

Cognitive Emotion Regulation

Cognitive emotional regulation can be defined as coping the intake of mentally aroused information by using conscious mental strategies (Garnefski & Kraaij, 2009). In the current study 18 item Urdu version of the Cognitive Emotional Regulation Questionnaire was used to assess the cognitive strategies used by an individual in response to a stressful event (Shahzad et al., 2022). Sample was assessed on adaptive and maladaptive strategies. High scores on the any of the subscale indicate high use of respective strategy.

Emotional Behaviour Problems

Emotional behaviour problems are described as behavioural problems and emotional disturbance such as inattentiveness, impulsiveness, antisocial and depressed behaviours (Glazebrook et al., 2003). Urdu version of Strength and Difficulty Questionnaire (Amjad & Jami, 2020) was used to measure emotional and behavioural problems among slum dwelling adolescents. For the present study, two dimensions of the scales were taken i.e. externalizing and internalizing behaviour problem. High scores on internalizing and externalizing behavior problems indicate more emotional behavioral problems on them and vice versa (Fonseca-Pedrero et al., 2020).

Instruments

Conceptual and operational definitions of variable are given below:

General Functioning Scale (GF-12; Kareem et al., 2022)

The General Functioning Scale (Kareem et al., 2022) is the subscale of Macmaster Family Assessment Device (Epstein, et al., 1983). It is comprised of 12 self-reported items. General functioning is four-point liker-type scale with the response option 1 to 4 (1 = *strongly agree*, 2 = *agree*, 3 = *disagree*, 4 = *strongly disagree*). It has been translated in various languages. Urdu translation of GF-12 was done by Kareem et al., (2022). The scale is rated according to the respondents' rating the items based on their family functioning. Item no: 1, 3, 5, 7, 9 and 11 are reverse scored items. The composite score can be calculated by summing up the scores on the items (Kareem et al., 2022).

Cognitive Emotion Regulation Question (CERQ-short; Shahzad et al., 2022)

Urdu version Cognitive Emotion Regulation Questionnaire (Shahzad et al., 2022) was used to measure cognitive emotional coping strategies among slum dwelling adolescent. It has 18 items and two subscales i.e., adaptive and maladaptive coping strategies. There are four adaptive and five maladaptive coping strategies. Maladaptive strategies involve self-blaming, blaming others, rumination, catastrophizing. Item no 2, 4, 6, 9, 10, 14, 17 and 18 correspond to maladaptive strategies. Adaptive strategies involve putting into perspective, acceptance, positive reappraisal, refocus on planning and positive refocusing, corresponding to item no: 1, 3, 5, 7, 8, 11, 12, 13, 15 and 16. It is a 5-point likert scale. The response options ranges are: 1 = *never*, 2 = *sometimes*, 3 = *frequently*, 4 = *always*, and 5 = *almost always* (Garnefski et al., 2001).

Strengths and Difficulty Questionnaire (SDQ; Amjad & Jami, 2020)

It is the capacity to make an informed, uncoerced decision; it is an individual's capacity for self-determination or self-governance (Dewey, 2000). It is an interactive process between adolescents and their families in which the adolescent gains independence while continuing connections with the family (Friedman et al., 2009). Strength and Difficulty Questionnaire (Amjad & Jami, 2020) was used to measure emotional and behavioral problem. Three major categories were measured using this scale i.e., externalizing behavior problems (item: 3, 8, 13, 16, 24, 5, 7R, 12, 18 and 22), internalizing behavior problems (2, 10, 15, 21R, 25R, 6, 11R, 14R, 19, 23).

Sample

Sample of pilot study comprised of 400 adolescents with age ranging from 10 to 20 years ($M = 15.36$; $SD = 3.06$). The sample for present study was collected from slum area of Islamabad (Bari Imam, Quaid e Azam colony), Gujar Khan, Mandra and Sohawa. A purposive convenience sampling technique was used to collect data. The participants were

approached individually and in groups. They were briefed about the nature and objectives of the study.

Results and Discussion

Mediation Analyses

The mediation analysis examines the effect of intervening variable on relationship of independent and dependent variables. The mediation analysis investigates the causal relationship between independent variable and an intervening variable on dependent variable. This is how it makes a causal chain between three or more variables. Mediation analysis is sometimes also called as indirect effect (Blair, 2019). For current study *Process* by Hyes was used for the mediation analysis.

Table 1
Mediating role of adaptive strategies in the link between Family Functioning and Internalizing Behavior Problem (N = 400)

Variables	Model 1	Model2	SE	95%CI	
	β	β		LL	UL
Constant	23.44**	17.79**	.84	16.14	19.44
Familyfunc.	.12*	-.05**	.02	-.10	-.01
Adaptive		-.19**	.02	-.23	-.15
R^2	.01	18.08			
F	5.01*	43.81*			

Note: familyfunc = Family Functioning; Adaptive = Adaptive Strategies. * $p < .05$, ** $p < .01$

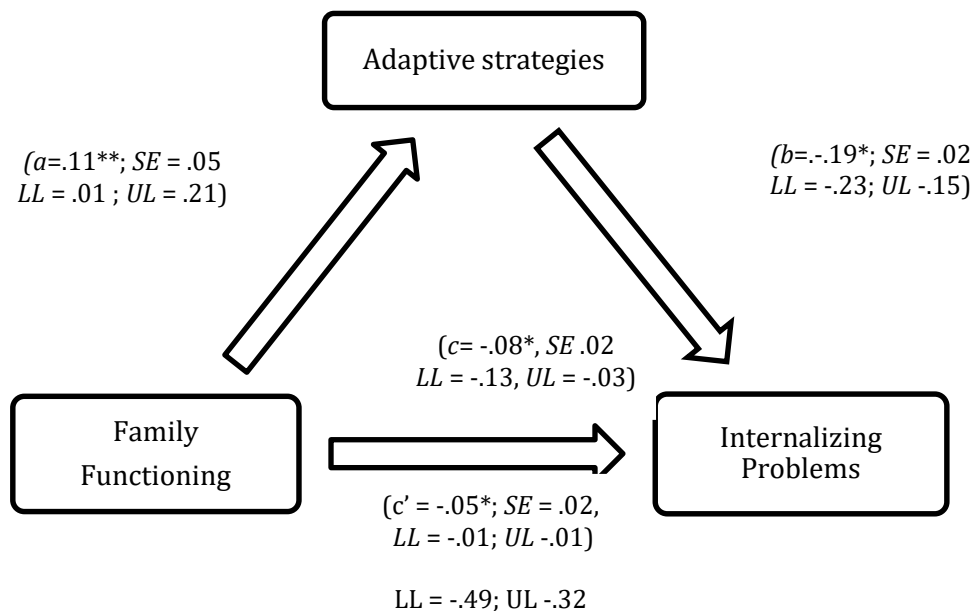


Figure 1 Mediating Role of Adaptive Cognitive Emotion Regulation Strategies

Table 1 shows the mediating effect of adaptive emotion regulation strategies on family functioning and internalizing behaviour problems. The model 1 depicts that family functioning significantly predicted internalizing behaviour problem. Internalizing behaviour problems explained by 1% of variance by family functioning which means that poor family functioning increases emotional behaviour problems. In model 2 adaptive cognitive emotional regulation strategies are significant predictors of internalizing

behaviour problems. The point estimate of R^2 was 18.08 (95% CI= -.23, -.15) indicating the meditating role of adaptive strategies on the family functioning and internalizing behaviour problems. The point estimate indicates that 18% of the variance in internalizing problem behaviour is attributed to family functioning through adaptive emotional regulation strategies. Explaining precisely, family functioning has direct as well as indirect effect on internalizing behaviour problems.

Mediating Role of Adaptive Strategies in the Relationship between Family Functioning and Externalizing Behavior Problems

The mediation of adaptive strategies in the relationship between family functioning and externalizing behavior problems is confirmed below:

Table 2
Mediation of Adaptive Strategies in the link Between Family Functioning and Externalizing Behavior Problems (N = 400)

	Model 1	Model2	95%CI		
Variables	β	β	SE	LL	UL
Constant	23.44**	17.26**	.84	15.60	18.92
Familyfunc.	.11*	-.06**	.02	-.10	-.02
Adaptive		-.18*	.02	-.23	-.14
R^2	.01	.17			
F	5.01*	42.19**			

Note: familyfunc = Family Functioning; Adaptive = Adaptive Strategies. * $p < .05$, ** $p < .01$

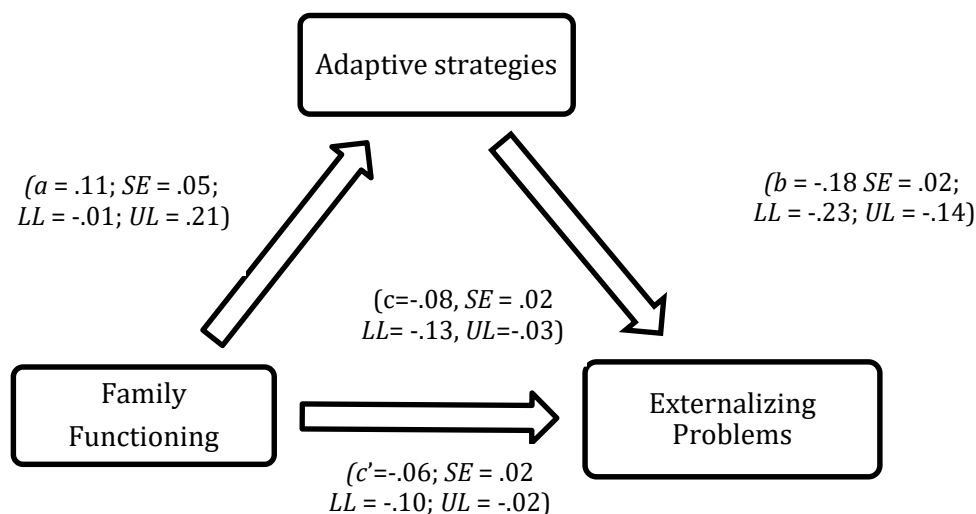


Figure 2 Mediating Role of Adaptive Cognitive Emotional Regulation Strategies

Table 2 shows the mediating effect of adaptive emotion regulation strategies on family functioning and externalizing behavior problems. The model 1 depicts that externalizing behavior problems predicted by family functioning. Externalizing behavior problems are explained by 1% of variance by family functioning which means that poor family functioning increase externalizing behavior problems. In model 2 adaptive cognitive emotional regulation strategies are significant predictors of externalizing behavior problems. The point estimate of R^2 was .01 (95% CI= -.23, -.14) indicating 1% of the total variance in externalizing behaviour problem. Adaptive emotional regulation strategies are negatively associated to emotion behaviour problem. However, the effect of family functioning on externalizing behaviour problem in the presence of adaptive emotional

regulation strategies was also found significant. Hence adaptive emotional regulation strategies mediated the relationship between family functioning and externalizing behaviour problems.

Mediating Role of Maladaptive Cognitive and Emotional Regulation Strategies in the Relationship between Family Functioning and Internalizing Behavior Problems

The mediating role of maladaptive cognitive and emotional regulation strategies in the relationship between family functioning and internalizing behavior problems among slum dwelling adolescents is confirmed.

Table 3
Mediating Role of Maladaptive Cognitive and Emotional Regulation Strategies in the Relationship between Family Functioning and Internalizing Behavior Problems

	Model 1	Model 2		95%CI	
Variables	β	β	SE	LL	UL
Constant	25.35*	7.11**	.94	5.25	8.95
Familyfunc.	.07	-.06**	.02	-.11	-.02
Maladaptive		.24**	.02	.193	.29
R^2	.00	.19			
F	2.86	49.30**			

Note: familyfunc = Family Functioning; Adaptive = Adaptive Strategies. * $p < .05$, ** $p < .01$

Table 3 shows the mediation of maladaptive strategies between family functioning and internalizing behaviour problems. The model 1 depicts that internalizing behaviour problems are not significantly predicted by family functioning. In model 2 maladaptive cognitive emotional regulation strategies are significant predictors of internalizing behaviour problems. The point estimate of R^2 was .19 (95% CI= 0.1, 0.15) indicating the meditating role of maladaptive strategies on the family functioning and internalizing behaviour problems.

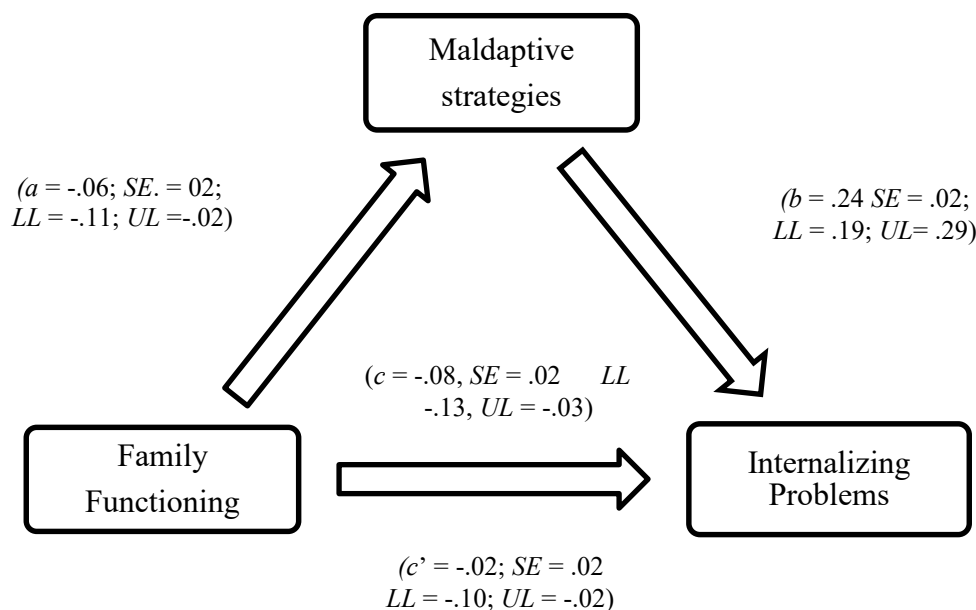


Figure 3 Mediation of Adaptive Cognitive Emotion Regulation Strategies

Figure 3 explains the direct and indirect effect of maladaptive cognitive emotion regulation strategies. Maladaptive emotional regulation strategies are positively

associated to internalizing behaviour problems. However, the effect of family functioning on internalizing behaviour problem in the presence of maladaptive emotional regulation strategies was also found significant. Explaining precisely, family functioning has indirect effect on internalizing behaviour problems.

Mediation of Maladaptive Strategies in the Relationship between Family Functioning and Externalizing Behavior Problems

The mediating effect of maladaptive strategies in the relationship between family functioning and externalizing behavior problems was confirmed

Table 4
Mediating effect of Maladaptive Strategies in the link between Family Functioning and Externalizing Behavior Problem (N = 400)

	Model 1	Model 2		95%CI	
Variables	β	β	SE	LL	UL
Constant	25.35*	7.17**	.95	5.29	9.05
Familyfunc.	-.07	-.06**	.02	-.11	-.02
Maladaptive		.22**	.03	.17	.27
R^2	.00	.17			
F	2.86*	41.27*			

Note: familyfunc = Family Functioning; maladaptive = Maladaptive Strategies. * $p < .05$, ** $p < .01$

Table 4 shows the mediating effect of maladaptive emotion regulation strategies on family functioning and externalizing behaviour problem. In model 2 maladaptive cognitive emotional regulation strategies are significant predictors externalizing behaviour problem. The point estimate of R^2 was 17% (95% CI= 0.17, 0.27) indicating the meditating role of maladaptive strategies on the family functioning and externalizing behaviour problem. The point estimate indicates that 17% of the variance in externalizing behaviour problem is attributed to family functioning through maladaptive emotional regulation strategies. Explaining precisely, family functioning has indirect effect on externalizing behaviour problem.

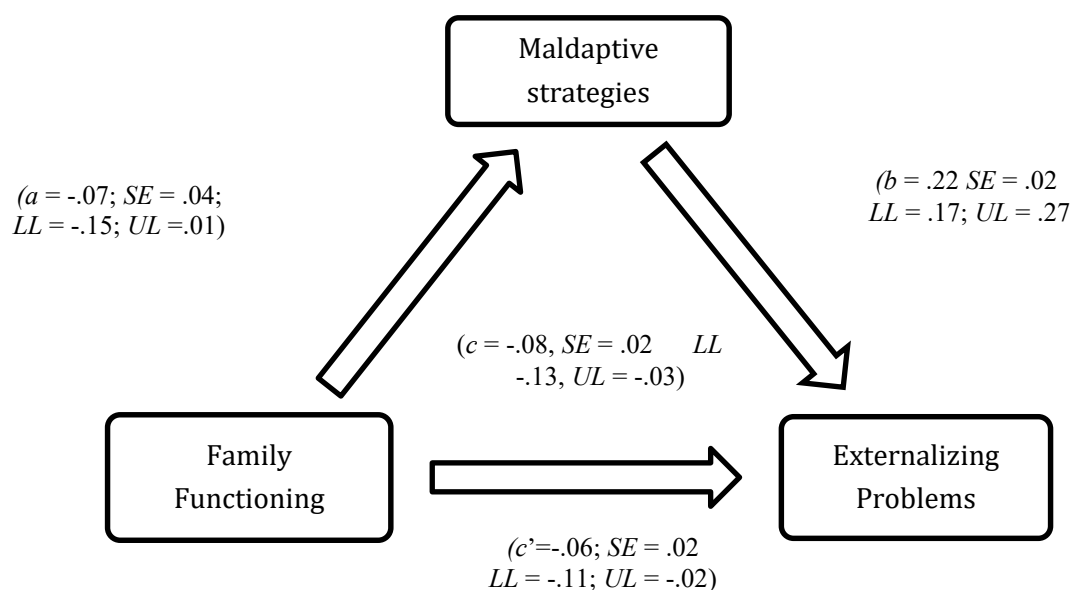


Figure 4 Mediation of Maladaptive Strategies

The figure 4 explains the direct and indirect effect of maladaptive cognitive emotion regulation strategies. Maladaptive emotional regulation strategies are positively associated to externalizing behaviour problems. The impact of family functioning on externalizing behaviour problem in the presence of maladaptive emotional regulation strategies was also found significant. Explaining precisely, family functioning has indirect effect as well as indirect effect on internalizing behaviour problems.

Discussion

The mediating effect of cognitive strategies in the link of family functioning and emotional problem behaviours was estimated. There is an indirect relation of family functioning and internalizing behaviour problem which is mediated by maladaptive adaptive cognitive emotional regulation strategies. According to conceptual model, poor family functioning is positively related to maladaptive strategies that in turn, positively predicts internalizing and externalizing behaviour problem. These analyses were made using *Process macro* by Hyes (2012). The results found the same relationship which proves H1 which posits that "Adaptive and maladaptive cognitive emotional regulation strategies mediated the link between family functioning and internalizing and externalizing behavior problems among adolescents". This relationship is supported by the research done by Bodden et al., (2018) posits that the relationship between challenging, stressful life events and depressive symptoms in adolescents is mediated by maladaptive cognitive emotional regulation strategies (self-blame, catastrophizing and rumination). Other studies have indicated that the cognitive emotional regulation mediates the relationship between family functioning and depression (Shalchi & Shahna, 2018).

Conclusion

The finding of the current study highlighted the need for interventions to support the mental health and well-being slum dwelling adolescents. The significant positive links between family functions and emotional behaviour problems underscores the importance of strengthening family relationship within slums. Furthermore, the mediating role of cognitive strategies suggests that teaching adolescents effective coping mechanisms can lessen the adverse effect of poor family functioning and emotional well-being.

Implications and Recommendation

The present research identifies the family functioning and emotional behavioural problem in slum dwelling adolescents and the mediating effect of cognitive strategies. Slum dwelling adolescents are high risk population to develop conduct problem, antisocial behaviour and mental health problems. They are underprivileged and deprived of basic human needs. This research will help to identify the risk and protective factors to design preventive and intervention strategies for the slum dwelling adolescents.

The current research helps to identifying adaptive emotional regulation strategies so it has implication for designing the programs that will help them in challenging situations effectively. The use of effective emotional regulation strategies are very beneficial for slum dwellers to help them cope with environmental stressors and adverse events effectively.

Future research should consider employing a longitudinal design, using a diverse sample, and incorporating multiple outcome measures to assess the effectiveness of interventions. Additionally, ensuring cultural sensitivity and collaboration with stakeholders, including community leaders and mental health professionals, is crucial for developing feasible and sustainable programs. Regular monitoring and evaluation of interventions will also help ensure optimal outcomes for this population.

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